

Instruction Sheet for Life, Accident and Health, Annuity, Credit Transmittal Document
(*See state specific requirements prior to submitting filings to the respective state)

1. **Prepared for the State of:** _____ —Indicate for which state the filing is being prepared.
2. **Department Use Only—**
 - **State Tracking ID** – State assigned ID for internal purposes, if applicable.
 - Space available for state to input
3. **Insurer Name & Address** – Provide the insurance company name and address.
 - **State of Domicile** – State of domicile for company.
 - **NAIC Group #** – NAIC Group number (3 digits).
 - **NAIC #**—NAIC Company code number (5 digits).
 - **FEIN #**—Federal identification number.
4. **Filer Name and Address** - Contact persons for submission, company 's name (if other than the insurer), and address for correspondence.
 - **Telephone Number**—Telephone number of the contact person.
 - **Fax Number**—Fax number of the contact person.
 - **E-mail**—E-mail address of the contact person.
5. **Filing Method**—A method the filing is being submitted to the state.
 - Paper – Check if submitted to the state via paper.
 - Electronic/Serff – Check if submitting to the state via electronically/Serff, and indicate Electronic/Serff tracking number.
6. **Company Tracking Number**—Company's internal filing number or identifier. (If applicable)
7. **Market**—An identification of the targeted group or individuals. Must specify if other is chosen.
8. **Type of Insurance**—List all applicable types utilizing the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix.
[Drafters note: To be provided upon adoption from the NAIC Product Coding sub group committee.]
9. **Product Coding Matrix Filing Code** — Refer to the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. (www.naic.org)
10. **Submitted Documents-**
 - Mark ALL applicable boxes.
 - Must specify if other is chosen.
 - If filing forms, complete the Form Filing Attachment.
 - If filing rates, complete the Rate Filing Attachment.
 - If Report, indicate which report and submit the required documents according to state specific requirements.
 - Submit the required number of copies according to state specific instructions
11. **Filing Submission Date**—Date the filing is being submitted by the company.
12. **Filing Fee (If required)** – If a filing fee is required by the state the filing is being prepared for indicate the amount, if retaliatory, check date and check number. See State specific instructions.
13. **Date of Domiciliary Approval**—Date filing was approved in domicile. If not approved, provide clarification.
14. **Filing Description**—General description of the filing. This section replaces the body of the cover letter, and should be completed according to state specific instructions.
15. **Certification (If required)-**
 - A Certification indicating you have reviewed state filing requirements, and complies with all applicable statutory provisions for the state the filing is being prepare for. See State specific instructions.
 - Print Name, title, date, and an original signature.